

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/510534** FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      | * | * | * |
|--------------|----------|------|------------------------|------|------------------------|------|---|---|---|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |   |   |   |
|              | 1        | /    |                        |      |                        |      |   |   |   |
| 2            | /        |      |                        |      |                        |      |   |   |   |
| 3            | 2        | /    |                        |      |                        |      |   |   |   |
| 4            | /        |      |                        |      |                        |      |   |   |   |
| 5            |          |      |                        |      |                        |      |   |   |   |
| 6            |          |      |                        |      |                        |      |   |   |   |
| 7            |          |      |                        |      |                        |      |   |   |   |
| 8            |          |      |                        |      |                        |      |   |   |   |
| 9            |          |      |                        |      |                        |      |   |   |   |
| 10           |          |      |                        |      |                        |      |   |   |   |
| 11           |          |      |                        |      |                        |      |   |   |   |
| 12           |          |      |                        |      |                        |      |   |   |   |
| 13           |          |      |                        |      |                        |      |   |   |   |
| 14           |          |      |                        |      |                        |      |   |   |   |
| 15           |          |      |                        |      |                        |      |   |   |   |
| 16           |          |      |                        |      |                        |      |   |   |   |
| 17           |          |      |                        |      |                        |      |   |   |   |
| 18           |          |      |                        |      |                        |      |   |   |   |
| 19           |          |      |                        |      |                        |      |   |   |   |
| 20           |          |      |                        |      |                        |      |   |   |   |
| 21           |          |      |                        |      |                        |      |   |   |   |
| 22           |          |      |                        |      |                        |      |   |   |   |
| 23           |          |      |                        |      |                        |      |   |   |   |
| 24           |          |      |                        |      |                        |      |   |   |   |
| 25           |          |      |                        |      |                        |      |   |   |   |
| 26           |          |      |                        |      |                        |      |   |   |   |
| 27           |          |      |                        |      |                        |      |   |   |   |
| 28           |          |      |                        |      |                        |      |   |   |   |
| 29           |          |      |                        |      |                        |      |   |   |   |
| 30           |          |      |                        |      |                        |      |   |   |   |
| 31           |          |      |                        |      |                        |      |   |   |   |
| 32           |          |      |                        |      |                        |      |   |   |   |
| 33           |          |      |                        |      |                        |      |   |   |   |
| 34           |          |      |                        |      |                        |      |   |   |   |
| 35           |          |      |                        |      |                        |      |   |   |   |
| 36           |          |      |                        |      |                        |      |   |   |   |
| 37           |          |      |                        |      |                        |      |   |   |   |
| 38           |          |      |                        |      |                        |      |   |   |   |
| 39           |          |      |                        |      |                        |      |   |   |   |
| 40           |          |      |                        |      |                        |      |   |   |   |
| 41           |          |      |                        |      |                        |      |   |   |   |
| 42           |          |      |                        |      |                        |      |   |   |   |
| 43           |          |      |                        |      |                        |      |   |   |   |
| 44           |          |      |                        |      |                        |      |   |   |   |
| 45           |          |      |                        |      |                        |      |   |   |   |
| 46           |          |      |                        |      |                        |      |   |   |   |
| 47           |          |      |                        |      |                        |      |   |   |   |
| 48           |          |      |                        |      |                        |      |   |   |   |
| 49           |          |      |                        |      |                        |      |   |   |   |
| 50           |          |      |                        |      |                        |      |   |   |   |
| TOTAL IND.   | 2        |      |                        |      |                        |      |   |   |   |
| TOTAL DEP.   | 2        |      |                        |      |                        |      |   |   |   |
| TOTAL CLAIMS | 4        |      |                        |      |                        |      |   |   |   |